



INTBIR

International Initiative for
Traumatic Brain Injury Research

David B. Hoyt, MD, FACS

Executive Director

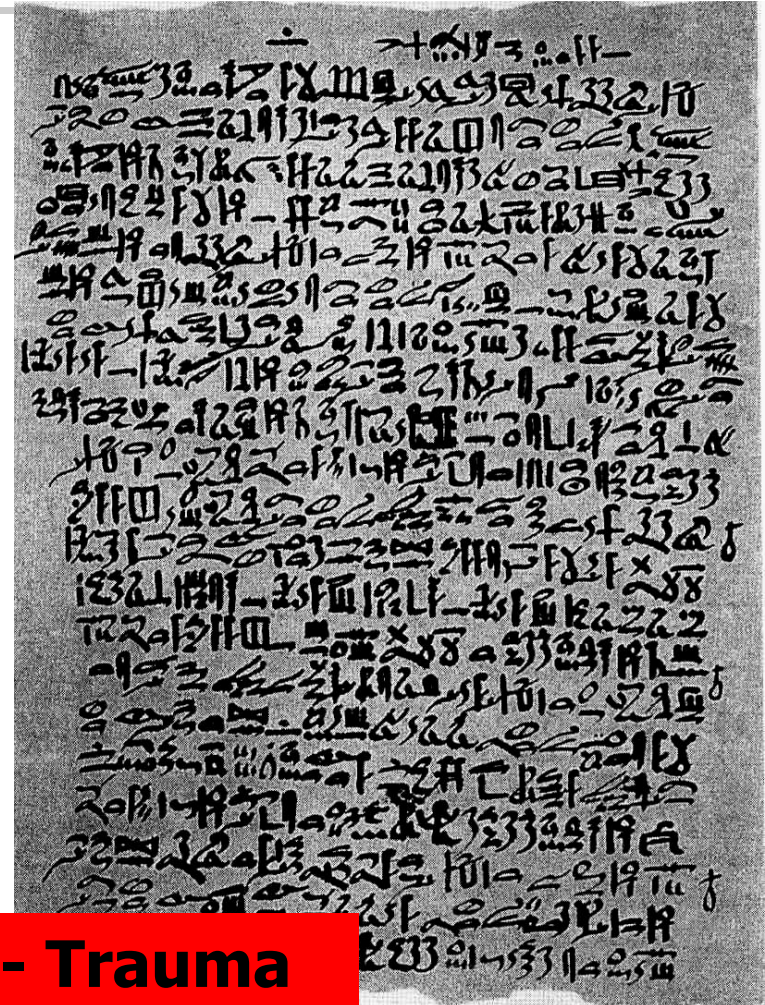
American College of Surgeons

Chicago, IL

First Evidence of Accountability

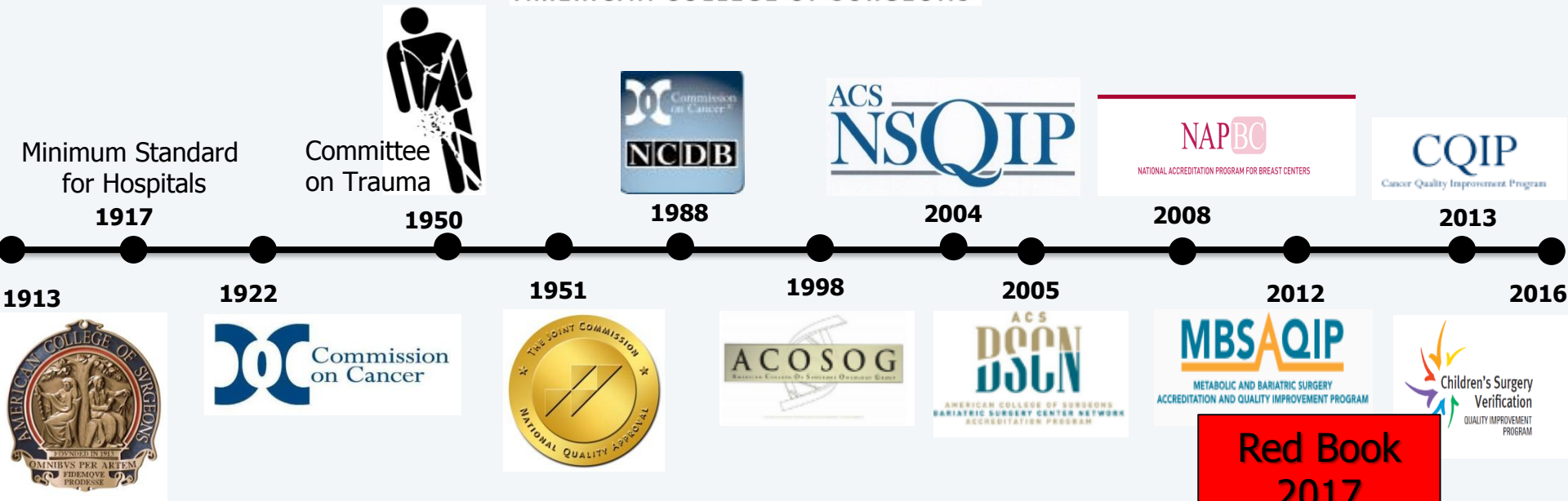
Edwin Smith paprus – 1550BC

- If you find a man having a dislocation of his mandible...you should put your two thumbs upon the ends of the two rami ...inside his mouth...and your fingers under his chin and you should cause them to fall back so that they rest in their places...



First Quality Standard - Trauma

ACS: 100+ Years of Quality Improvement



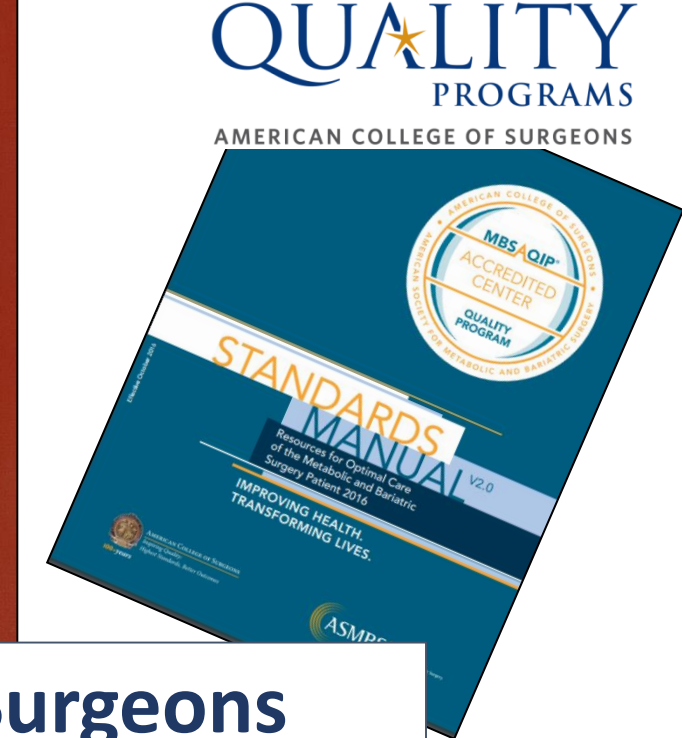
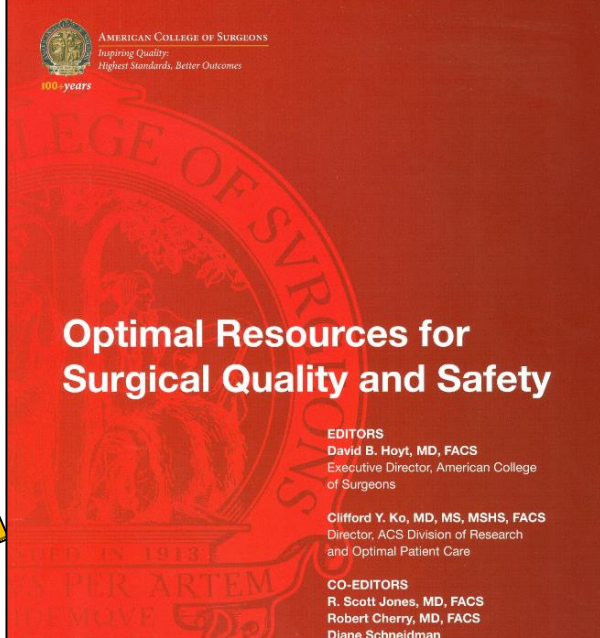
Red Book
2017

Optimal Resources for
Surgical Quality and Safety



100+ years

EDITORS
David B. Hayt, MD, FACS
Editorial Director, American College of Surgeons
Clifford Ko, MD, FACS
Director, ACS Division of Research and
Optimal Patient Care
CO-EDITORS
Scott Jones, MD, FACS
Robert Cherry, MD, FACS
Diana Schwedman
Mahesh Khaliq



American College of Surgeons Programs in 2800 Hospitals

Four Guiding Principles of Continuous Quality Improvement

1. Standards

- Individualized by patient
- Backed by research

3. Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Continuously updated

2. Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

4. Verification

- External peer-review
- Creates public assurance

**Public Health Model:
Assessment, Intervention. Assurance**



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

Four Guiding Principles of Continuous Quality Improvement

1. Standards

- Individualized by patient
- Backed by research

3. Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Continuously updated

2. Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

4. Verification

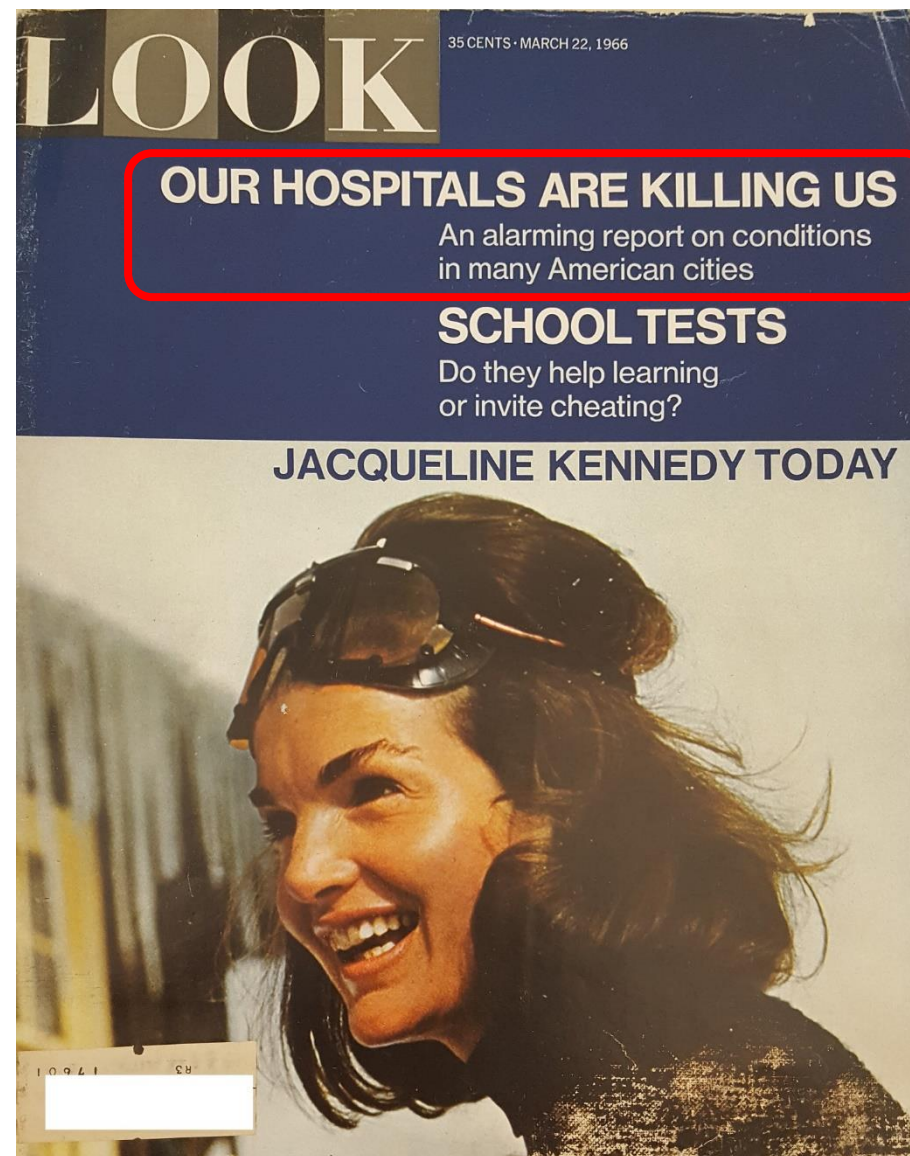
- External peer-review
- Creates public assurance



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

Establishing need: 1966



Don't let the low price scare you off.

\$1574.*
That's the price of a new Volkswagen. But some people won't buy one: They feel they deserve something costlier. That's the price we pay for the price we charge. And some people are afraid to buy one: They don't see how we can turn out a cheap car without having it turn out cheap. This is how:
Since the factory doesn't change the

bug's shape every year, we don't have to change the factory every year.
What we don't spend on looks, we spend on improvements to make more people buy the car.
Mass production cuts costs. And VWs have been produced in a greater mass (over 10 million to date!) than any car model in history.
Our air-cooled rear engine cuts costs,

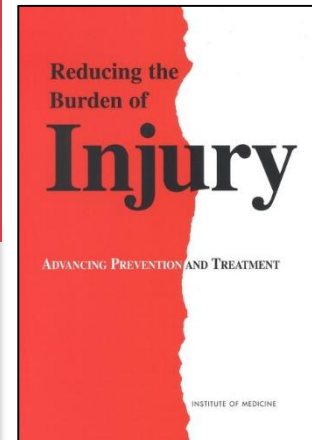
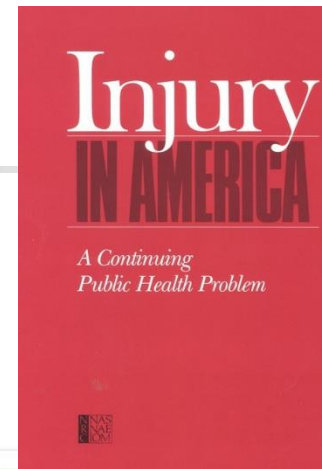
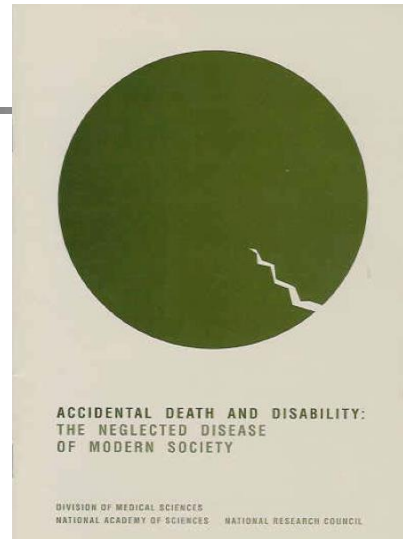
too, by eliminating the need for a radiator, water pump, and drive shaft.
There are no fancy gadgets, run by push buttons. (The only push buttons are on the doors. And those gadgets are run by you.)
When you buy a Volkswagen, you get what you pay for. What you don't get is frills.
And you don't pay for what you don't get.



© VOLKSWAGEN OF AMERICA, INC. * EXCEPTED RETAIL PRICE. EXACT COSTS VARY. EXCEPTED RETAIL PRICE. EXACT COSTS VARY. EXCEPTED RETAIL PRICE. EXACT COSTS VARY.

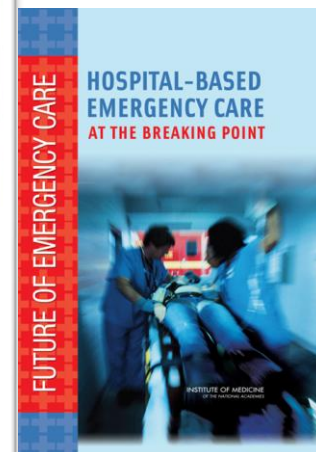
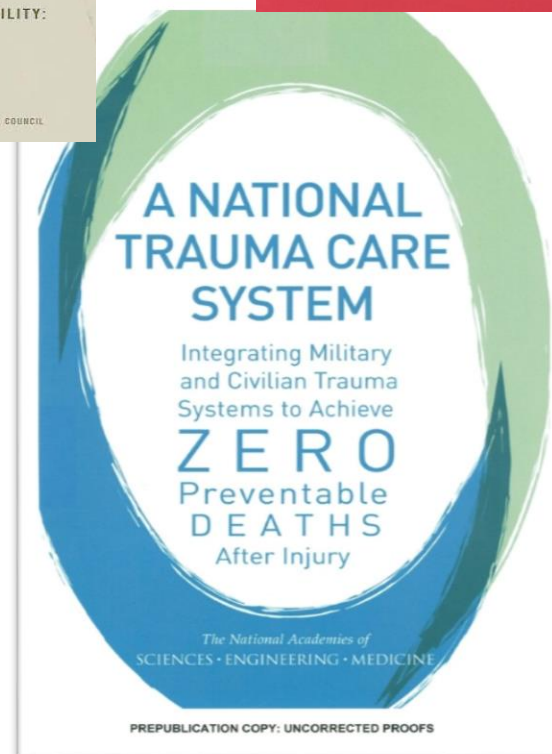
National Academy of Medicine

- 1966
 - “The neglected epidemic”



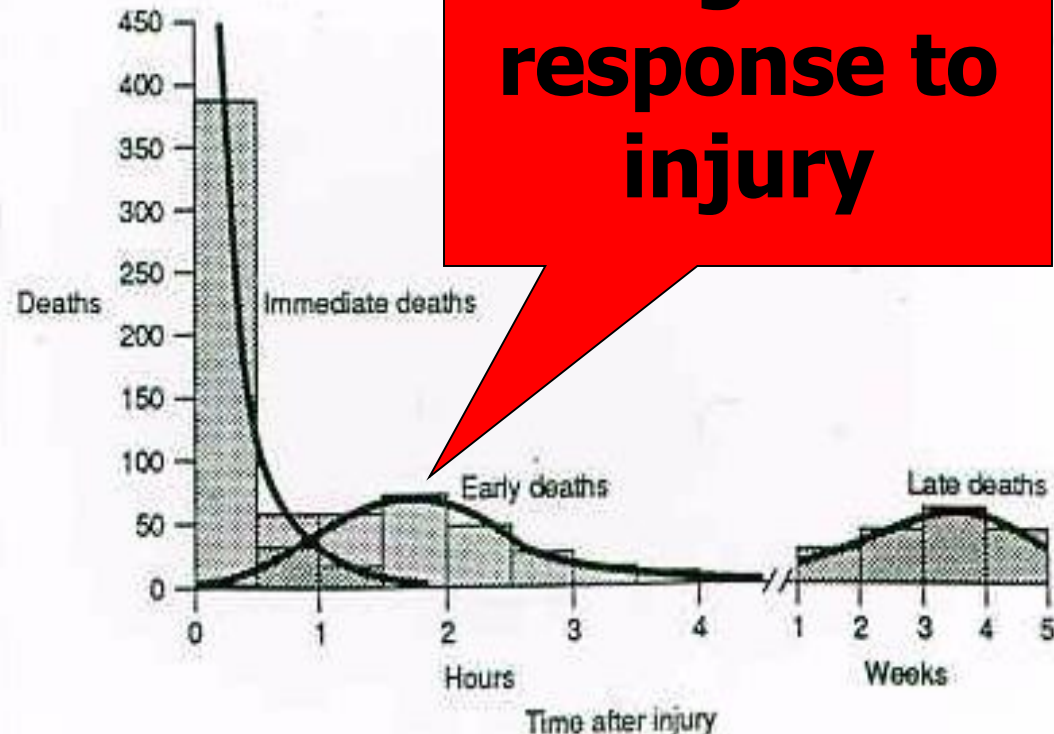
2016 - 50 years later

- 2016 - Calls for Zero Preventable Deaths
- National Implementation Strategy

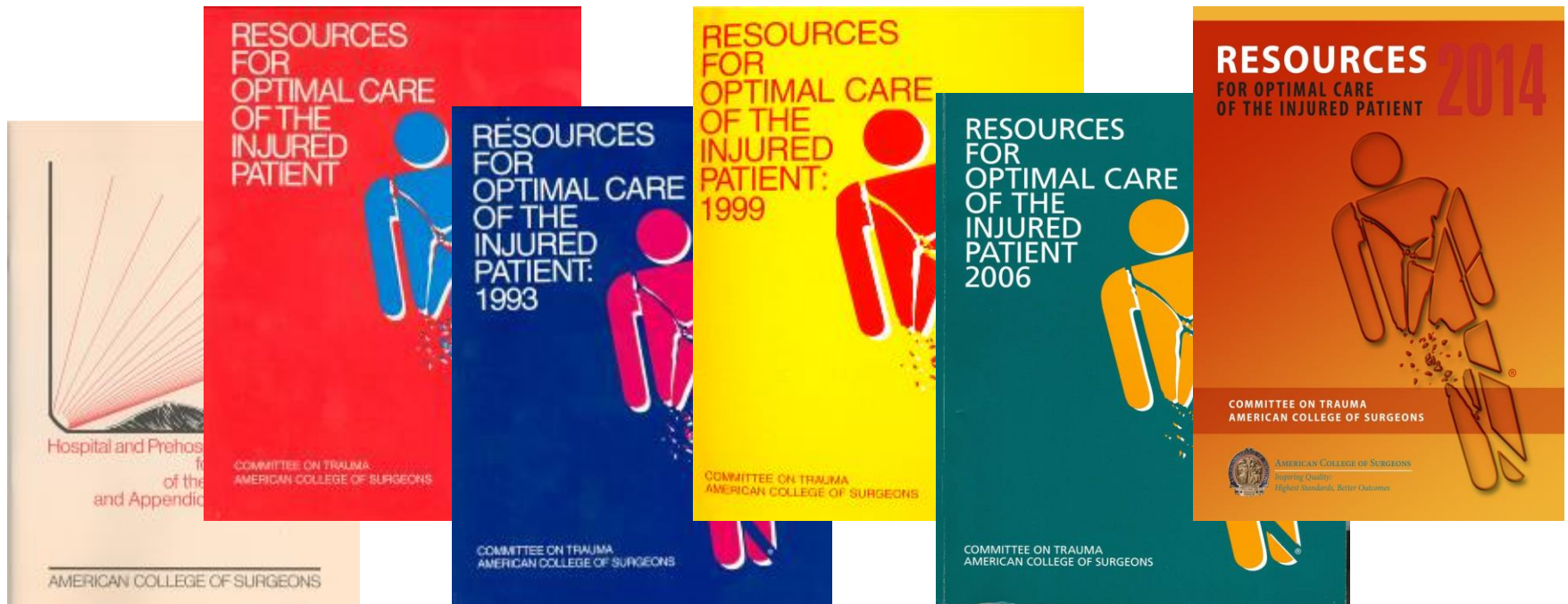


Policy Perspective: Trauma Care System

- ...the locally coordinated approach... swift identification of injured persons ... transportation to optimal care...
 - Trauma Care Systems, CDC 1992



Resources for Optimal Care of the Injured Patient: 1976-2014



Four Guiding Principles of Continuous Quality Improvement

1. Standards

- Individualized by patient
- Backed by research

3. Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Continuously updated

2. Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

4. Verification

- External peer-review
- Creates public assurance

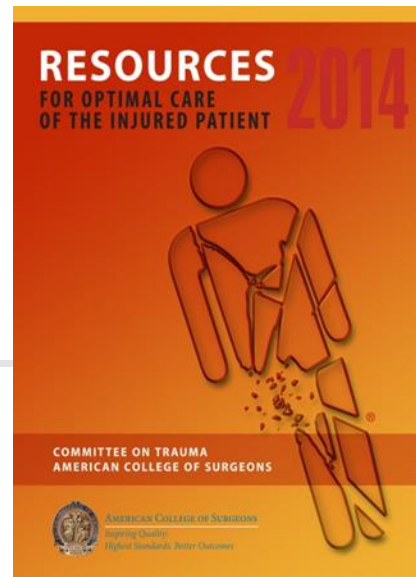


AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

Trauma System

- Pre - hospital medical direction
- Communications
- Triage
- Transport
- Acute care facilities



Trauma Center Commitment

- ALL departments
 - Trauma Surgeon
 - Other physicians
 - Critical care
 - Neurosurgery
 - Orthopedics
 - Plastics and ENT
 - Anesthesia
 - Radiology
 - Nurses
 - Every other staff member



Four Guiding Principles of Continuous Quality Improvement

1. Standards

- Individualized by patient
- Backed by research

3. Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Continuously updated

2. Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

4. Verification

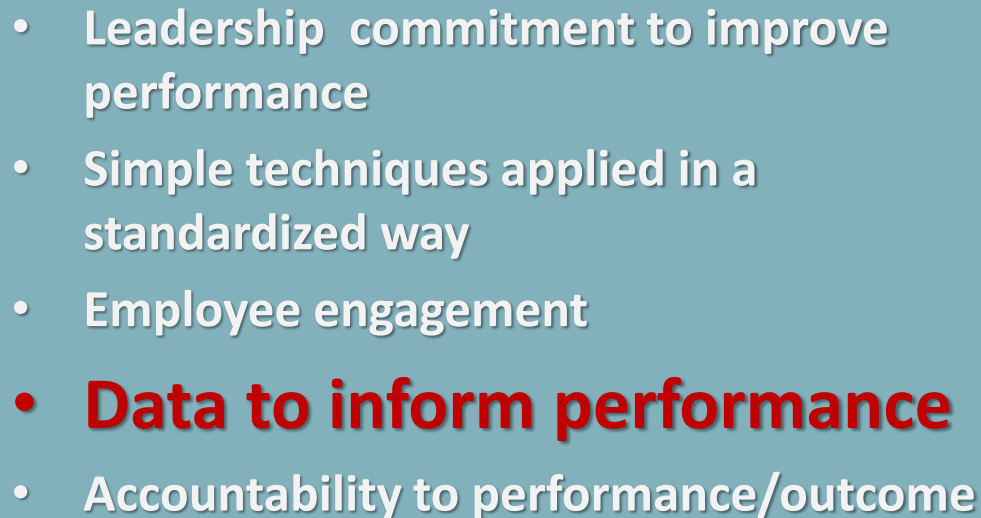
- External peer-review
- Creates public assurance



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

High Reliability Principles

- 
- Leadership commitment to improve performance
 - Simple techniques applied in a standardized way
 - Employee engagement
 - **Data to inform performance**
 - Accountability to performance/outcome



**= High
Reliability
Organization**

>80% hospitals show improvement, multispecialty (surg), risk adjusted, clinical outcomes registry (700)

Optimal Resources for Surgical Quality and Safety

4.

ACS
NSQIP

5.

SSR

Surgeon Registry (4700):
MOC, PQRS, OPPE, etc

Minimum
Standard for
Hospitals

Joint
Commission

1951

2004

2011 2012

1913

1922

1950

1998

1.

Commission
on Cancer®

2.

COMMITTEE ON
TRAUMA

3.

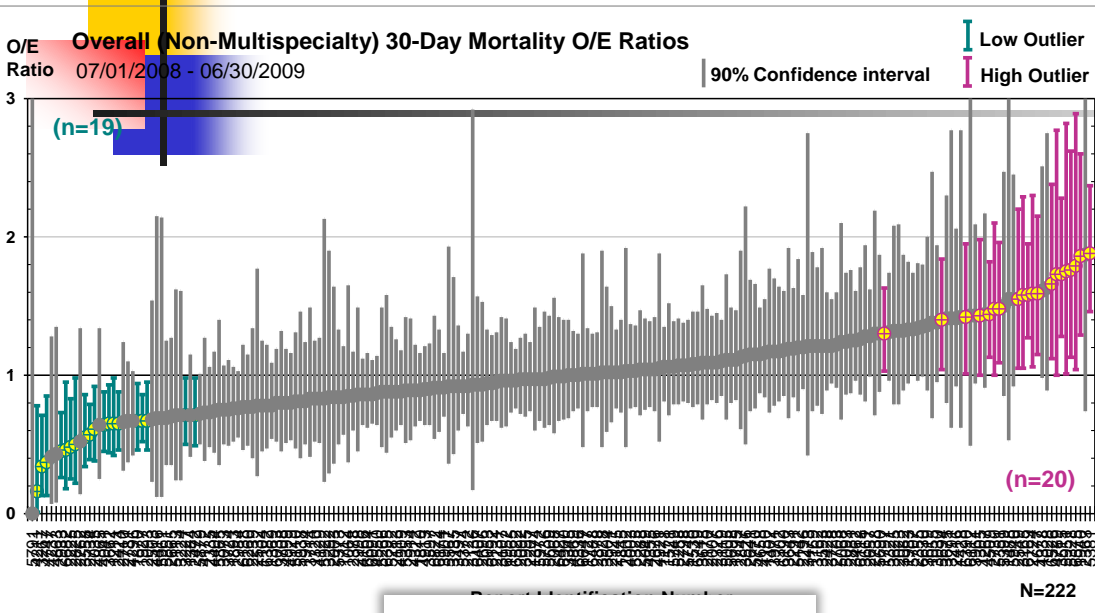
MBSAQIP
METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM

80% of incident cancers;
Cancer Center Accreditation;
National Cancer Data Base
Registry (1500) (CQIP)

ACS
tqip
TRAUMA
QUALITY
IMPROVEMENT
PROGRAM

Improved safety and
survival; Bariatric Surgery
Registry (700)

Positive Outliers –Driving Change



82%

OF HOSPITALS DECREASED
COMPLICATIONS

66%

OF HOSPITALS
DECREASED MORTALITY

250-500

COMPLICATIONS PREVENTED
ANNUALLY PER HOSPITAL



Collaboration Breeds Innovation

TENNESSEE
Surgical Quality Collaborative

Existing User Login
User ID:
Password:
PIN:

:: Building Relationships.....Improving Outcomes.....Future Solutions Now

The Tennessee Surgical Quality Collaborative (TSQC) is a pilot project of 10 Tennessee hospitals seeking to measure and improve the care of surgical patients throughout the state.

The TSQC is collaboration between the Tennessee Chapter of the American College of Surgeons, the Tennessee Hospital Association's Center for Patient Safety and participating hospitals. The TSQC was funded through a generous three year grant from Blue Cross Blue Shield's Tennessee Health Foundation. This funding significantly reduces barriers for Tennessee surgeons and hospitals wishing to participate in - and benefit from- the program.

of Tennessee
plans for better health, plans for a better life.[™]
 NSQIP
Tennessee Center For Patient Safety
"Making Safe, Quality Care the Top Priority"

SURGICAL CARE INITIATIVE

TAKING THE LEAD TO IMPROVE SURGICAL PATIENT OUTCOMES:
*preventing complications
reducing costs
improving surgical care*

HOME ABOUT FSCI FSCI BENEFITS SURGEONS RESOURCES HOSPITALS EVENTS NEWSROOM

Join FSCI
Click here

Welcome to FSCI

Hospitals and providers work hard to provide the best possible care for patients, yet complications still occur. When they do, the patient's health is jeopardized, additional treatment is required, and the cost of care increases. That is the last thing we want to have happen.

Through a new collaborative called the Florida Surgical Care Initiative (FSCI), the Florida Hospital Association and the American College of Surgeons are bringing hospitals and surgeons together in a statewide effort to prevent surgical complications, reduce costs and improve the quality of care for our patients. Our goal is to make Florida a national leader in health care quality.

By working together, Florida's hospitals and surgeons will have a tremendous impact on improving care for Floridians. We will restore health faster, safer and at a lower cost.

FSCI VIDEO
Click to view th

LATEST FSCI
6.30.10 Click
5.10.10 Click
Florida's
Launch
Initiative



Michigan Surgical Quality Collaborative

Existing User Login
User ID:
Password:
PIN:

About Us Membership Resources Contact

Surgical Care Data Collection & Analysis Sharing of Best Practices Better Outcomes

:: Building Relationships.....Improving Outcomes.....Future Solutions Now

The Michigan Surgical Quality Collaborative (MSQC) is a connected community of 34 Michigan hospitals seeking to measure and improve the care of surgical patients throughout the state.

:: Recent News

VTE Project Launched
VTE Project Launched
[Read More >>](#)

Myocardial Injury



Michigan Surgical Quality Collaborative

Four Guiding Principles of Continuous Quality Improvement

1. Standards

- Individualized by patient
- Backed by research

3. Rigorous Data

- From medical charts
- Backed by research
- Post-discharge tracking
- Continuously updated

2. Right Infrastructure

- Staffing levels
- Specialists
- Equipment
- Checklists

4. Verification

- External peer-review
- Creates public assurance



AMERICAN COLLEGE OF SURGEONS

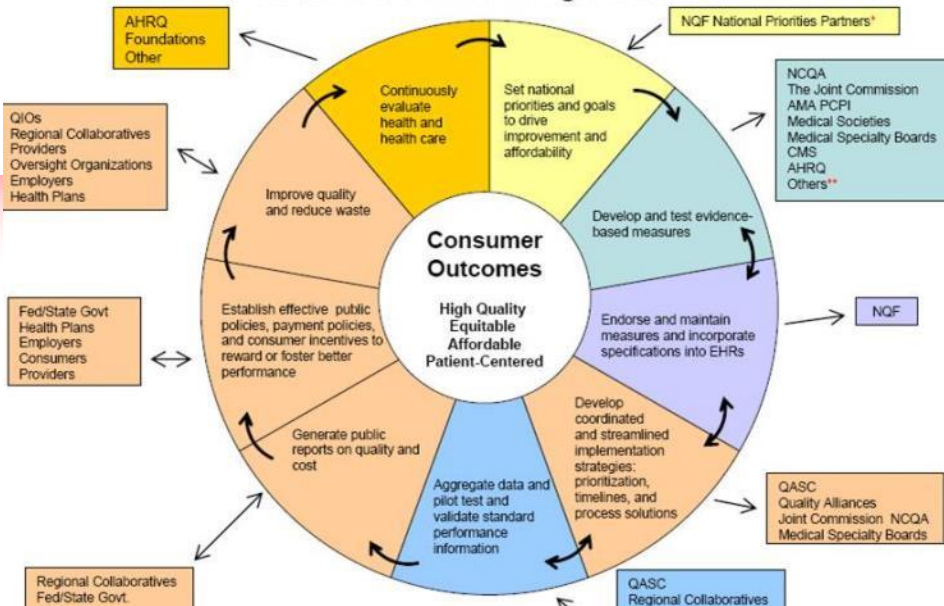
*Inspiring Quality:
Highest Standards, Better Outcomes*

Verification Assures Public Trust

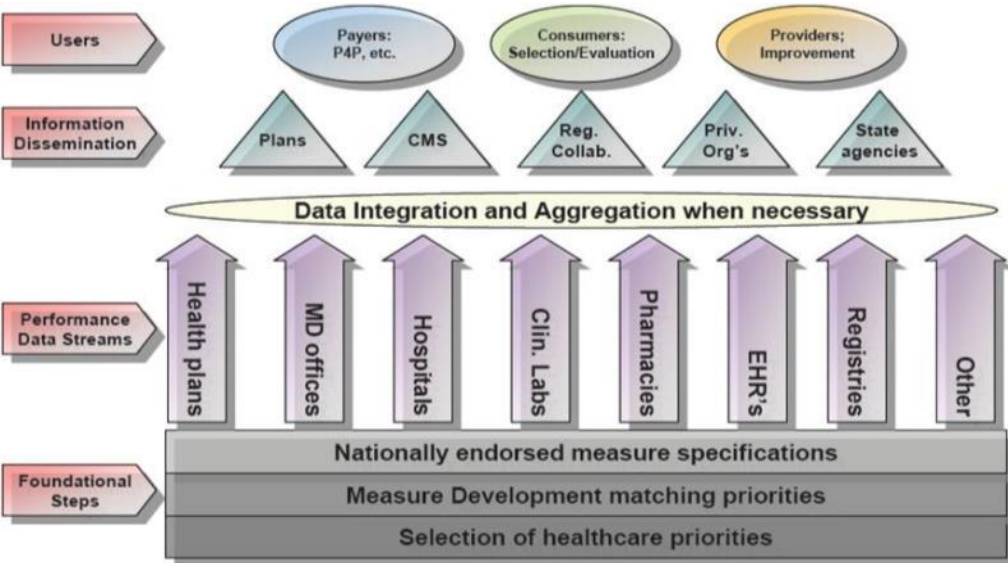
- 
- **Trauma Centers**
 - **Burn Programs**
 - **Bariatric Centers**
 - **Breast Centers**
 - **Cancer Programs**
 - **Pediatric Surgery**
 - **Colorectal Surgery**
 - **Education Centers**
 - **Quality standards**

- **Complex GI Surgery**
- **Geriatric Surgery**
- **Rural Surgery**
- **Emergency Surgery**
- **Vascular**
- **Thoracic**
- **Transplant Centers**
- Orthopedic centers
- Stroke Centers
- Heart Centers

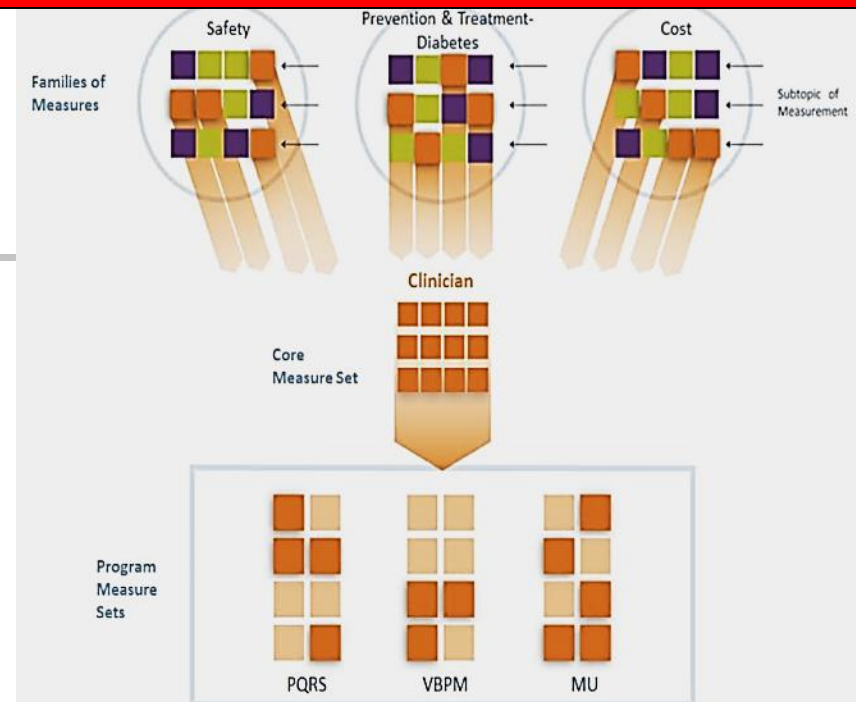
High Value Care Priorities



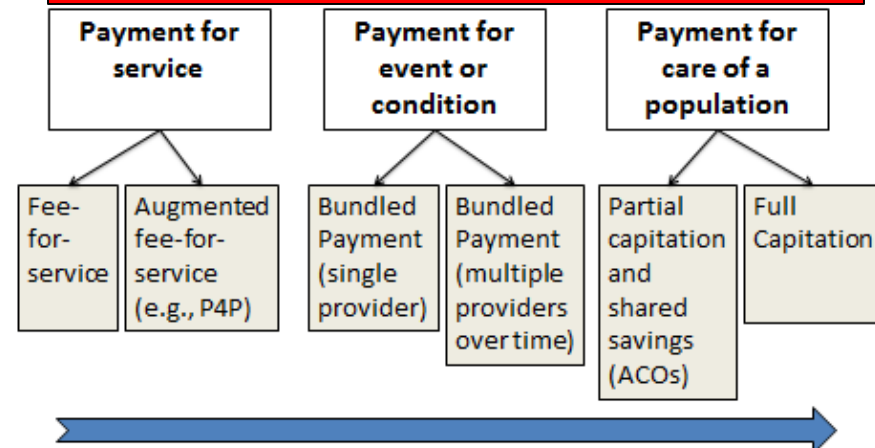
Performance Measurement

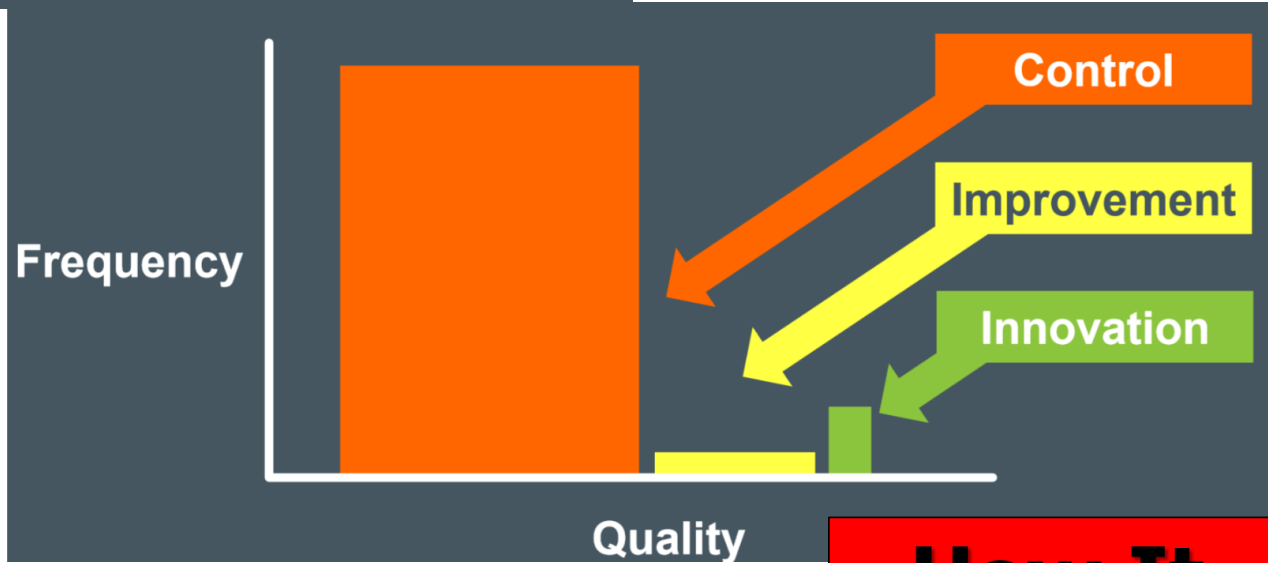
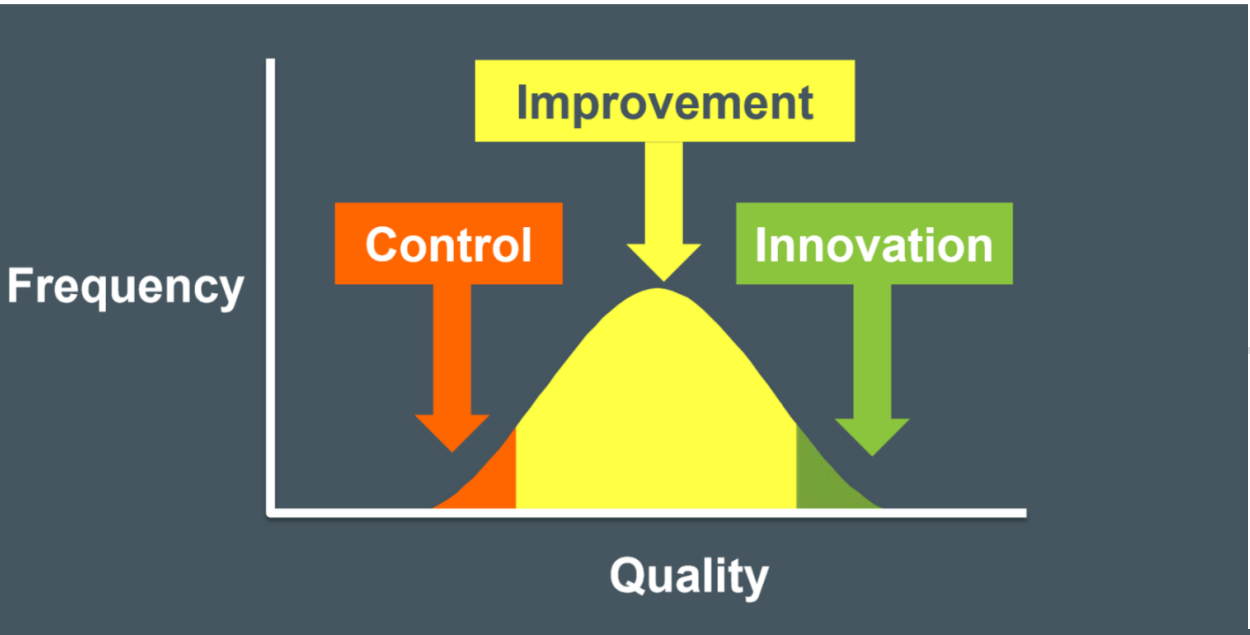


Performance Improvement



Payment Incentives



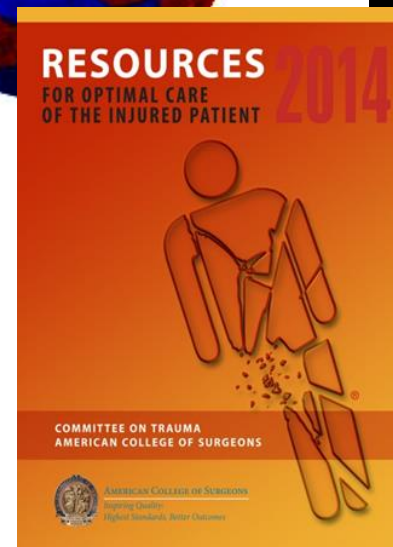


How It Feels

Doing the Right Thing

1. Standards
2. Build Infrastructure
3. Measure performance – data
4. Verification- public assurance

- Paramedic Training
- Regional EMS systems
- 911 - Access
- ATLS – Evidence based
- Trauma Care standards
- Verification
- National Trauma Data Bank



**Population Disease Management
Model → Payer Blind**

Doing the Right Thing Works

The National Study on Costs and Outcomes of

Trauma Center Care **NSCOT**



25% REDUCTION



***Johns Hopkins Bloomberg School of Public
Health University of Washington
Medicine***

75 Hospitals Nationwide

Funded by the NCIPC/CDC

**1st
PROSPECTIVE
EVALUATION**

Doing the Right Thing Works

■ Text - 10/2 4:41pm

- >100 patients, > 55 admits, 11 ORS and 2 take backs today. Our team executed our disaster plan flawlessly. Trauma was clear 3 hours after the shooting !! All our surgeons and residents are sorting out the patients today John



